

**City of Marietta/Board of Lights & Water  
Consolidated Retirement Plan- Employee Retirement Fund**

**Beneficiary Form**

Name of Employee\_\_\_\_\_ Dept.\_\_\_\_\_  
(PLEASE PRINT)

Employee's Social Security Number\_\_\_\_\_

**Marital Status:**

- ☐ Married with Spouse as Sole Beneficiary  
☐ Single (including widowed, divorced, or legally separated)  
☐ Married- Spouse not Sole Primary Beneficiary (Spouse's signature required)

In the event of my death and in accordance with the refund of participant contributions for the Consolidated Retirement Plan, I hereby designate the following as my beneficiary (ies):

**Primary Beneficiary Designation**

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Contingent Beneficiary Designation**

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship: \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**Spousal Consent:**

I, \_\_\_\_\_, do swear and affirm that I am the legal spouse of \_\_\_\_\_, a Participant in the Plan. I hereby acknowledge and consent to the beneficiary designation made by my spouse on \_\_\_\_\_, which does not name me as a beneficiary. I understand that as a result of this consent, I will not be entitled to any payment under this Plan. I further acknowledge that my consent to such designation is irrevocable unless my spouse files a new Beneficiary Designation Form with the Plan Administrator

Spouse's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Notarization:**

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
(name of notary)

Sate of \_\_\_\_\_ County of \_\_\_\_\_

(Seal)

Expiration Date: \_\_\_\_\_